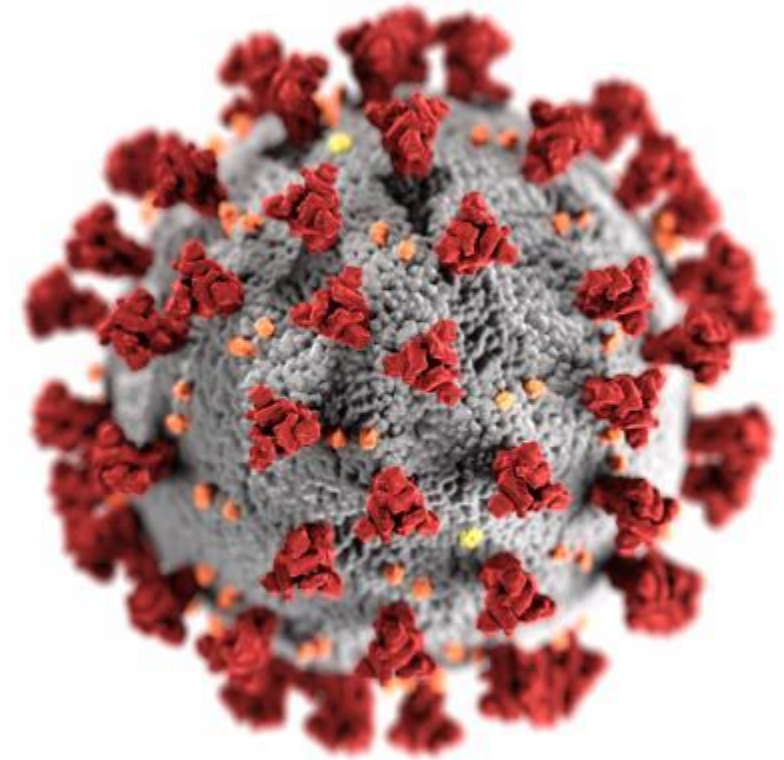


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

September 9, 2021



We will begin in just a few moments. Thanks!

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SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of September 8, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://covid.sd.gov)

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Agenda

- Situation Update
- Laboratory Guidance
- Long Term Care
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Coronavirus Situation (as of September 7th, 2021)

- [International](#)
 - 221,134,742 confirmed cases
 - 4,574,089 deaths
- [United States](#) (50 states + DC)
 - 39,795,201 confirmed cases
 - 643,757 deaths
- [South Dakota](#)
 - 134,308 confirmed and probable cases
 - 2,074 deaths
 - 126,052 recovered cases

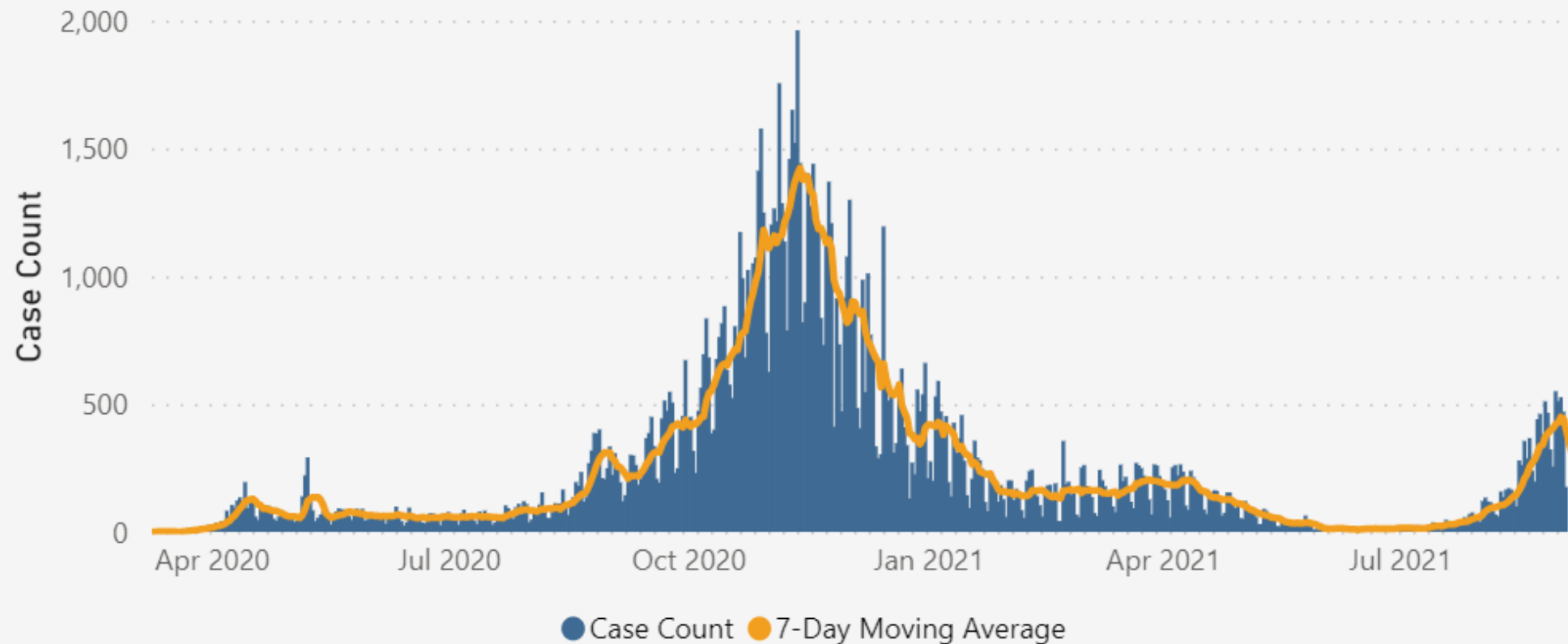
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SOUTH DAKOTA DEPARTMENT OF HEALTH

Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

Cases by Date Reported to SD-DOH

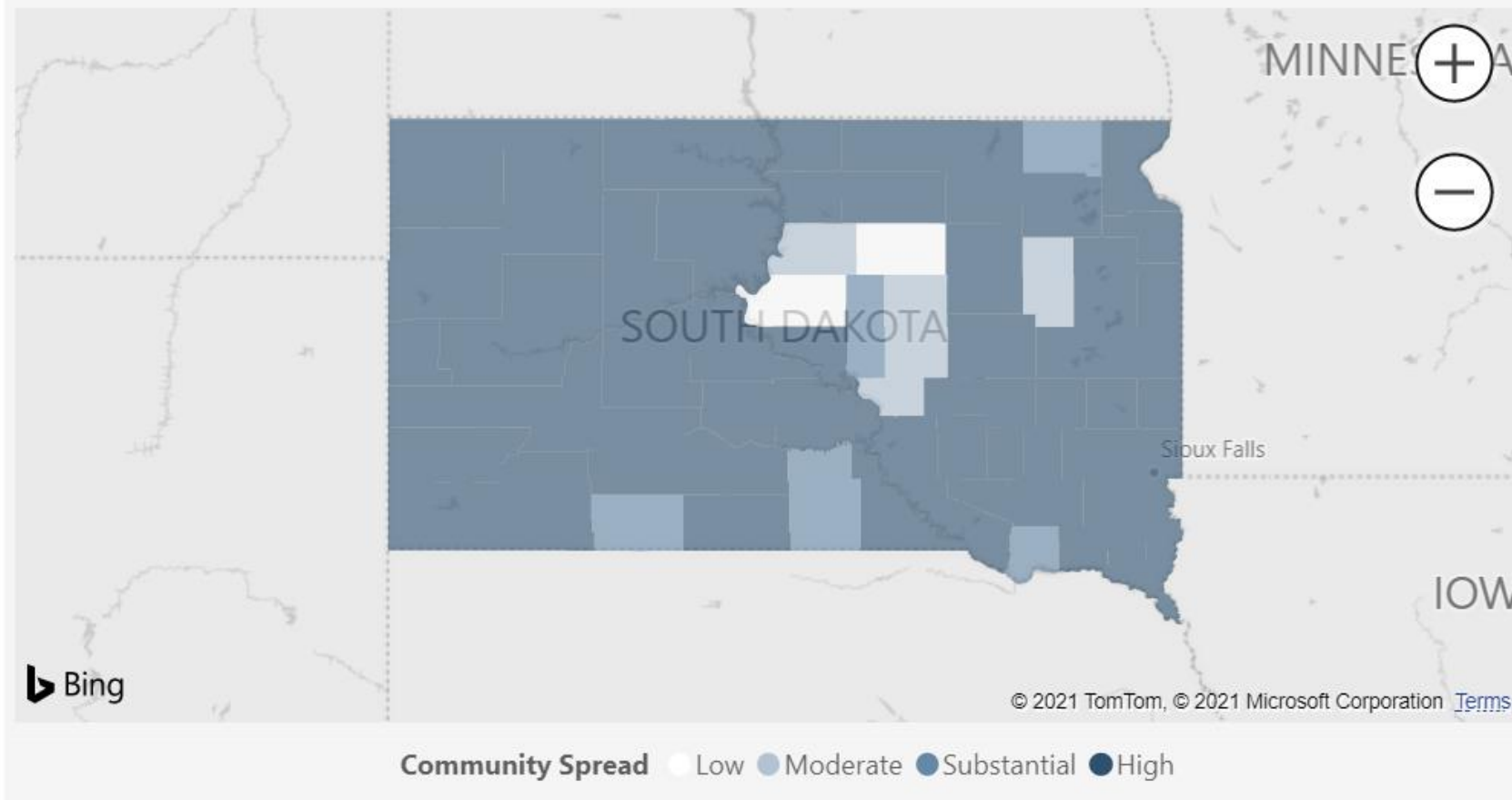


As of September 7, 2021

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COVID-19 Case Map, by County

Community Spread Map by County of Residence

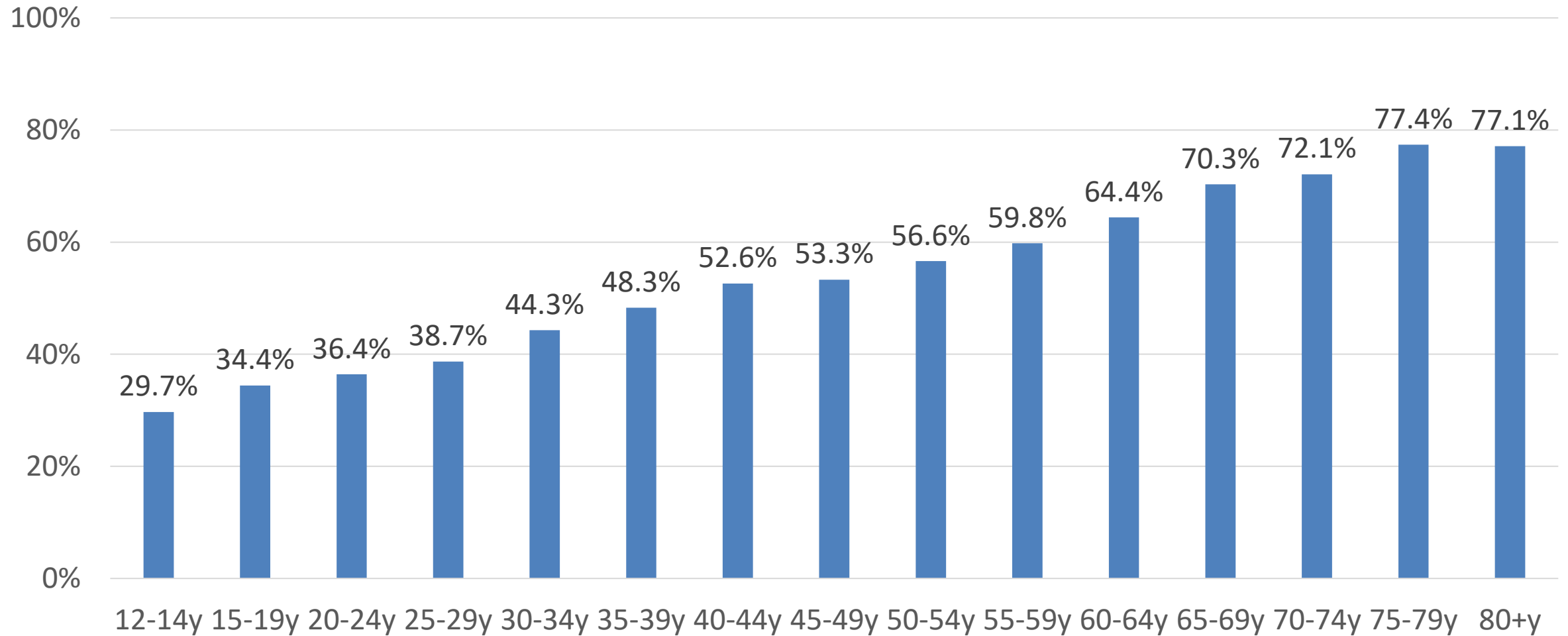


Community Spread	Number of Counties
Low	2
Moderate	4
Substantial	5
High	55

As of September 7, 2021

Not intended for press or for reporting purposes.

≥1 Dose COVID-19 Coverage Rate by Age Group, SD
As of September 6, 2021



Not intended for press or for reporting purposes.

General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Reporting COVID-19 Tests to SD-DOH

- **Reminder:** Coronavirus respiratory syndromes are a Category I disease
- Report **immediately** on suspicion of disease
- Reporting mechanisms:
 - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
 - Flat file (CSV) – Secure email
 - Disease reporting website – sd.gov/diseasereport
 - Ensure phone numbers are included
 - Fax – 605.773.5509

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Breakthrough, Variant, and Reinfection Cases

Breakthrough Cases	#
Cases	1,718
Hospitalized	141
Died	18

Variant Cases	#
Cases	340
Hospitalized	16
Died	4

Reinfection	#
Cases	336
Hospitalized	28
Died	9

COVID-19 Variant Data under *Tables* tab:
<https://doh.sd.gov/COVID/Dashboard.aspx>

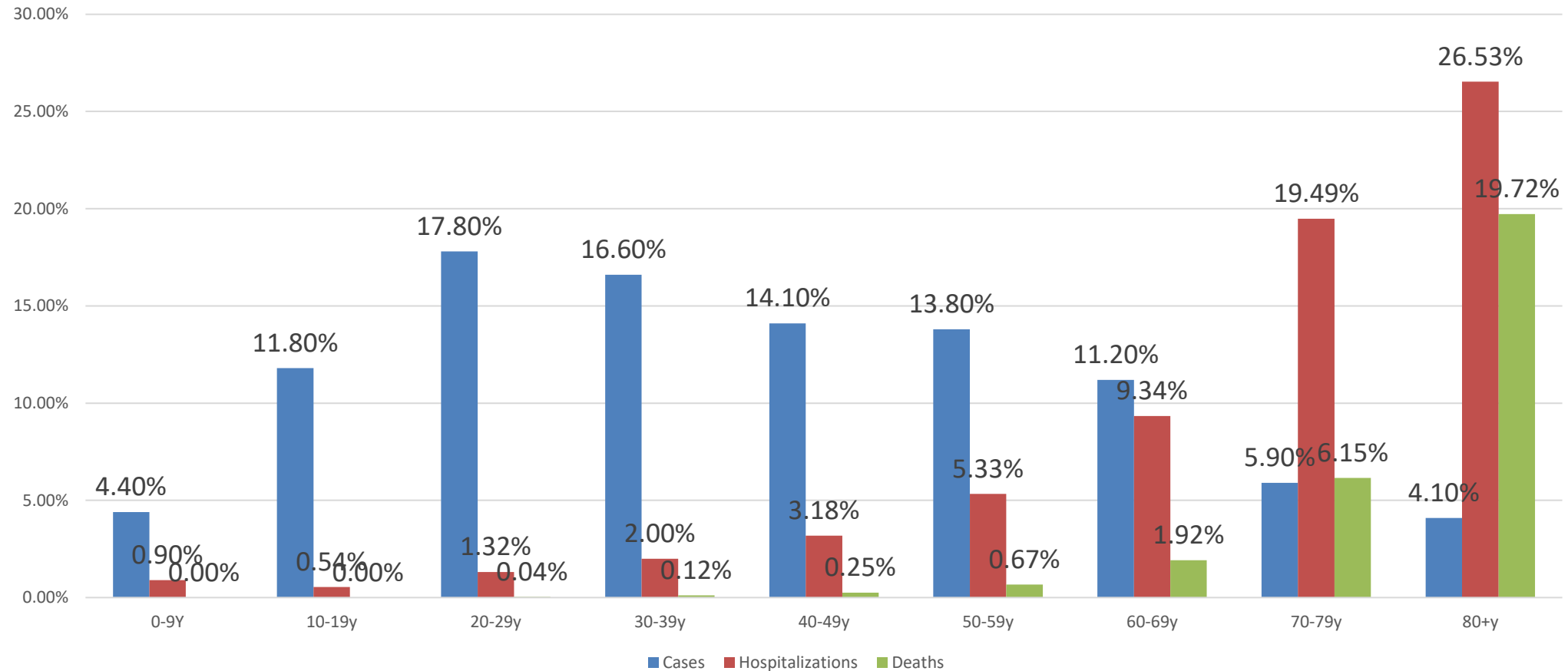
As of September 9, 2021

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Cases, Hospitalizations, and Deaths by Age Group – Cumulative as of September 3rd, 2021

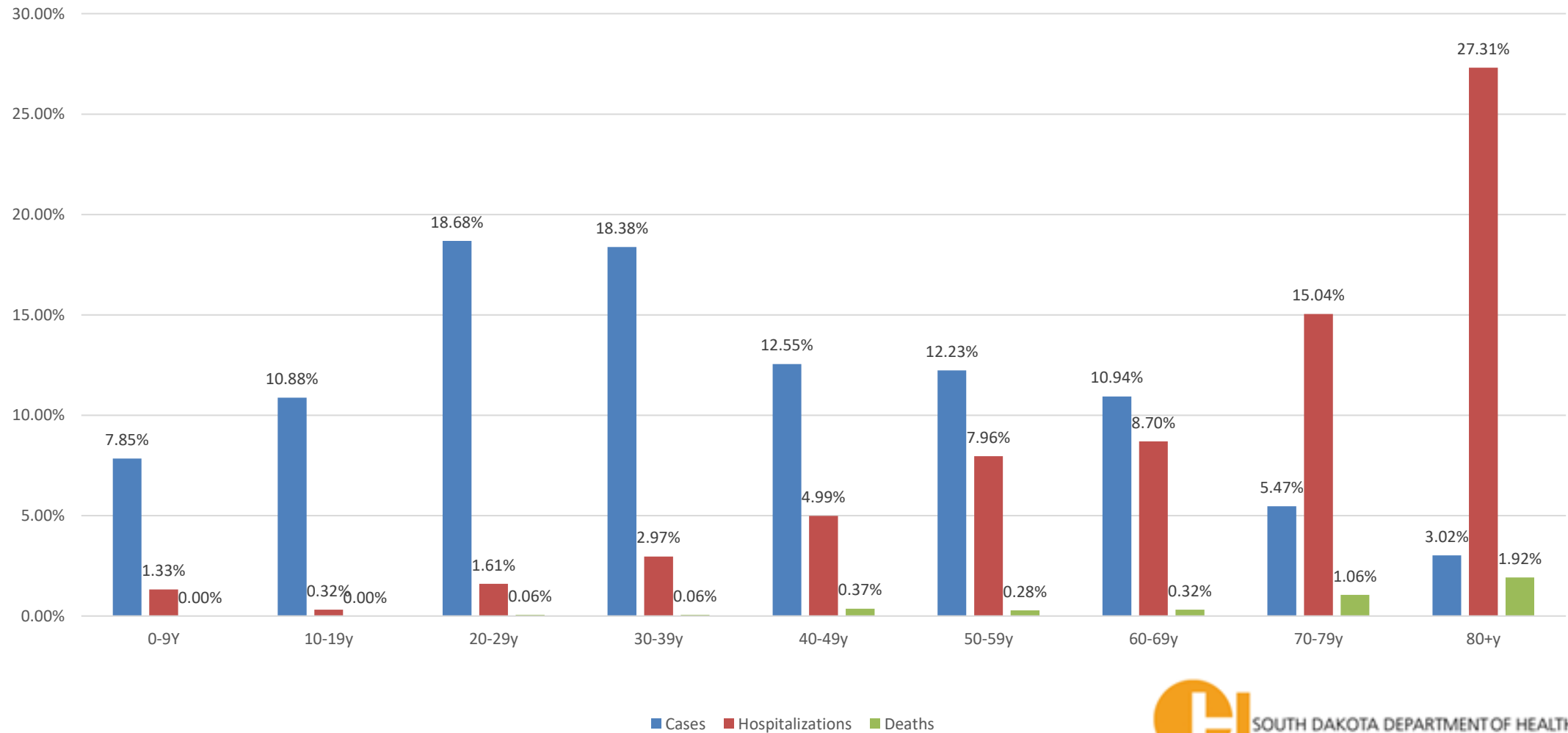


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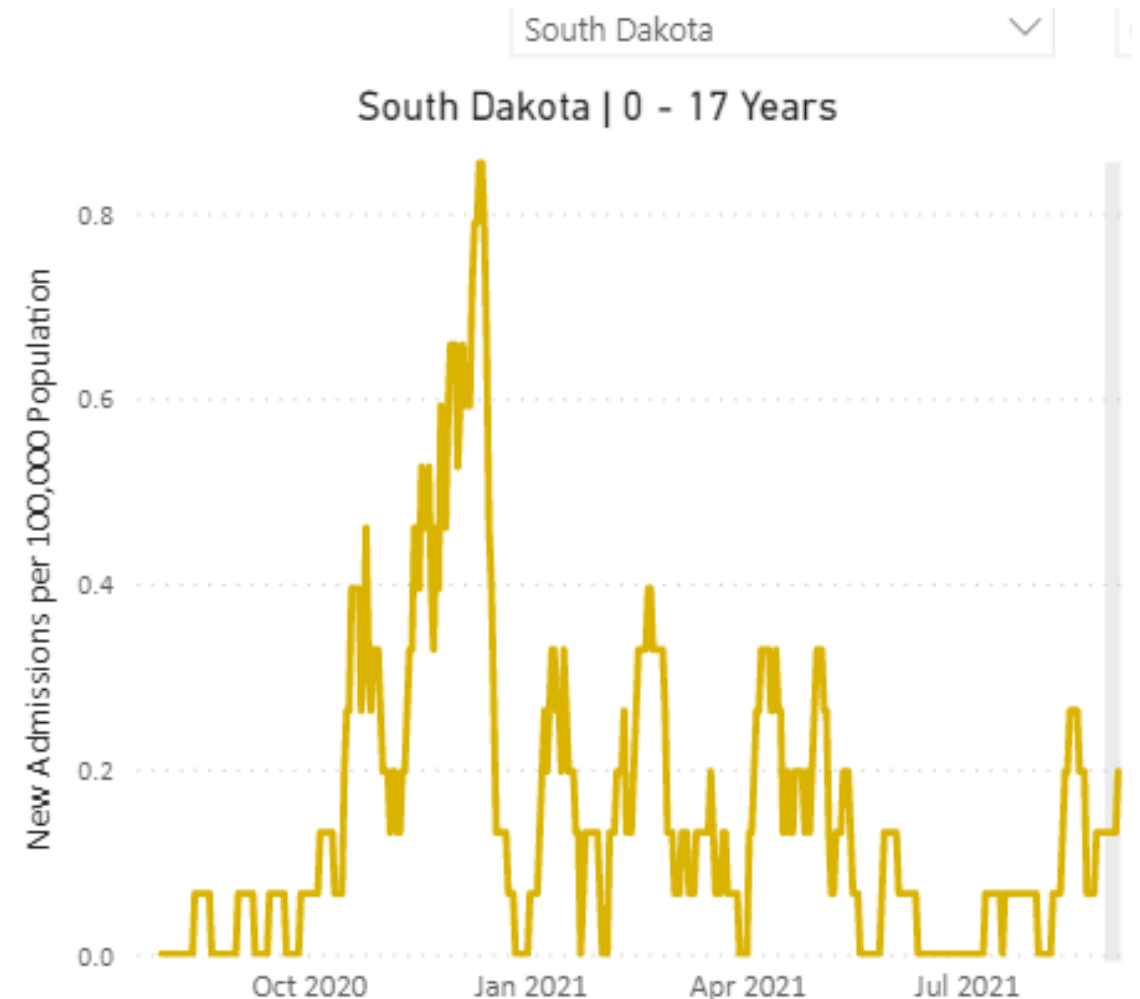


SOUTH DAKOTA DEPARTMENT OF HEALTH

Cases, Hospitalizations, and Deaths by Age Group – July 1 – August 31, 2021



New Admissions of Patients with Confirmed COVID-19 per 100,00 Population among 0-17 Year Age Group, United States and South Dakota



COVID-19 Vaccination Coverage Among Adolescents Aged 12–17 Years — United States, December 14, 2020–July 31, 2021

TABLE 1. Receipt of ≥ 1 COVID-19 vaccine dose by adolescents aged 12–17 years,* by age group and sex† – United States,‡ December 14, 2020–July 31, 2021

Jurisdiction	Age group and sex, no. (%)											
	12–17 yrs			12–13 yrs			14–15 yrs			16–17 yrs		
	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male
United States	10,677,934 (42.4)	5,425,265 (44.1)	5,216,450 (40.5)	3,094,245 (36.0)	1,543,152 (36.8)	1,541,710 (35.0)	3,454,771 (40.9)	1,750,329 (42.2)	1,693,216 (39.5)	4,128,918 (50.6)	2,131,784 (53.9)	1,981,524 (47.1)
South Dakota	24,848 (34.4)	12,468 (34.6)	11,989 (33.1)	24,483 (30.1)	3,612 (32.6)	3,661 (27.3)	8,051 (30.9)	4,073 (29.1)	3,850 (31.9)	9,439 (43.5)	4,783 (43.5)	4,478 (41.8)

* Receipt of ≥ 1 COVID-19 vaccine dose is defined either as receiving at least one of the 2 doses of the Pfizer-BioNTech or Moderna vaccines or a single dose of the Janssen (Johnson & Johnson) vaccine. As of August 17, 2021, only the Pfizer-BioNTech vaccine had been authorized for use among adolescents aged 12–17 years. Moderna and Janssen COVID-19 vaccines were not authorized under emergency use for this age group during the analysis period; however, these vaccinations were included in this analysis.

† Fewer than 0.5% of the records were missing information on sex.

‡ COVID-19 vaccine doses administered to adolescents residing in Idaho were excluded because the state has data-sharing restrictions on information reported to CDC.

TABLE 2. COVID-19 vaccination coverage among adolescents aged 12–17 years who completed the vaccine series,* by age group and sex† — United States,‡ December 14, 2020–July 31, 2021

Jurisdiction	Age group and sex, no. (%)											
	12–17 yrs			12–13 yrs			14–15 yrs			16–17 yrs		
	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male
United States	8,045,685 (31.9)	4,117,404 (33.5)	3,905,344 (30.3)	2,183,597 (25.4)	1,093,057 (26.0)	1,085,039 (24.7)	2,570,498 (30.5)	1,311,724 (31.6)	1,251,765 (29.2)	3,291,590 (40.3)	1,712,623 (43.3)	1,568,540 (37.3)
South Dakota	16,383 (22.7)	8,318 (23.1)	7,813 (21.6)	4,264 (17.4)	2,113 (19.1)	2,108 (15.7)	5,037 (19.3)	2,585 (18.5)	2,374 (19.7)	7,082 (32.6)	3,620 (32.9)	3,331 (31.1)

* Vaccine series completion was defined as receiving either both doses of the Pfizer-BioNTech or Moderna vaccines, including mismatched products between the first and second dose (i.e., Pfizer-BioNTech for the first dose and Moderna for the second dose or vice versa) or a single dose for the Janssen (Johnson & Johnson) vaccine. As of August 17, 2021, only the Pfizer-BioNTech vaccine had been authorized for use among adolescents aged 12–17 years. Moderna and Janssen COVID-19 vaccines were not authorized under emergency use for this age group during the analysis period; however, these vaccinations were included in this analysis.

† Fewer than 0.5% of the records were missing information on sex.

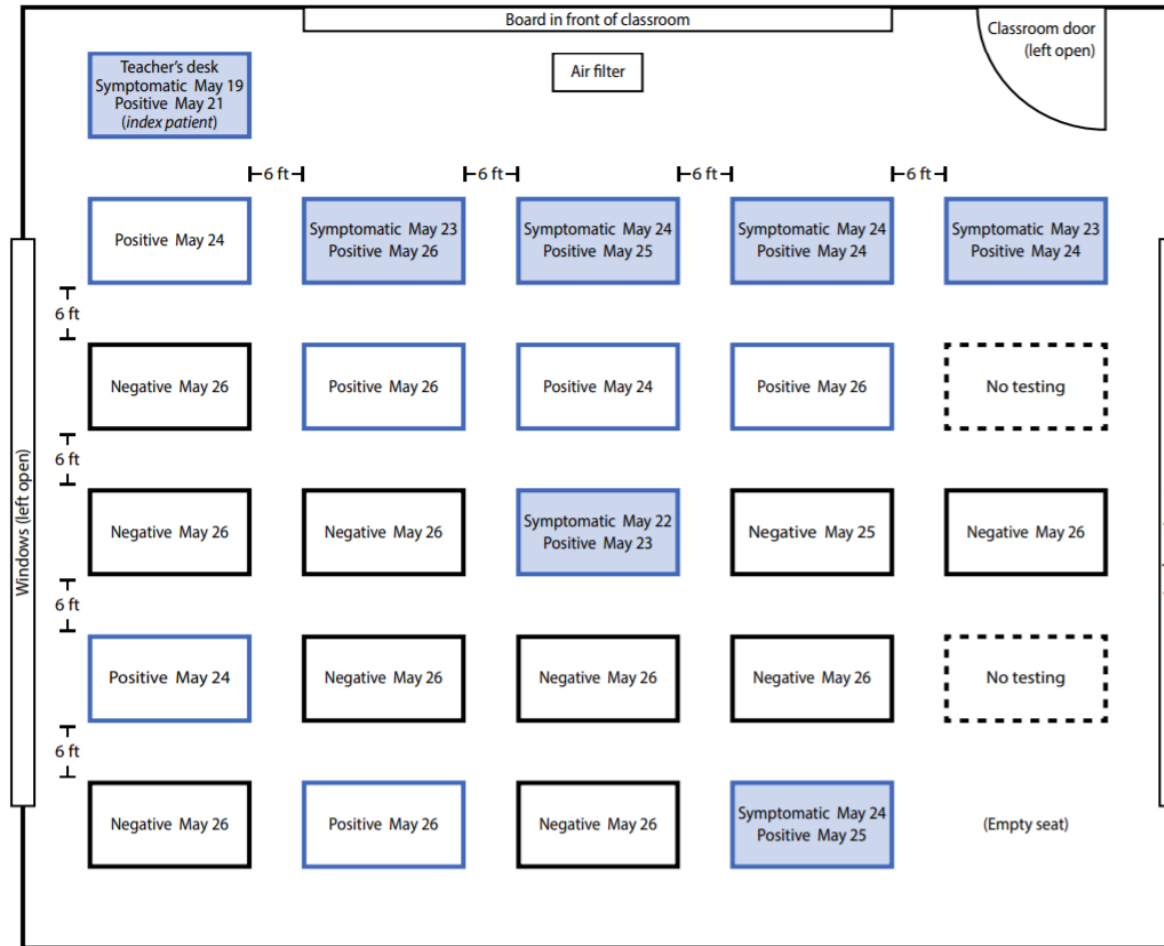
‡ COVID-19 vaccine doses administered to adolescents residing in Idaho were excluded because the state has data-sharing restrictions on information reported to CDC.

As of July 31, 2021

- Adolescents aged 12–17 years that have received ≥ 1 dose of a COVID-19 vaccine
 - 42.4% in the United States
 - 34.4% in South Dakota
- Adolescents aged 12–17 years that have completed the vaccination series
 - 31.9% in the United States
 - 22.7% in South Dakota

Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May–June 2021

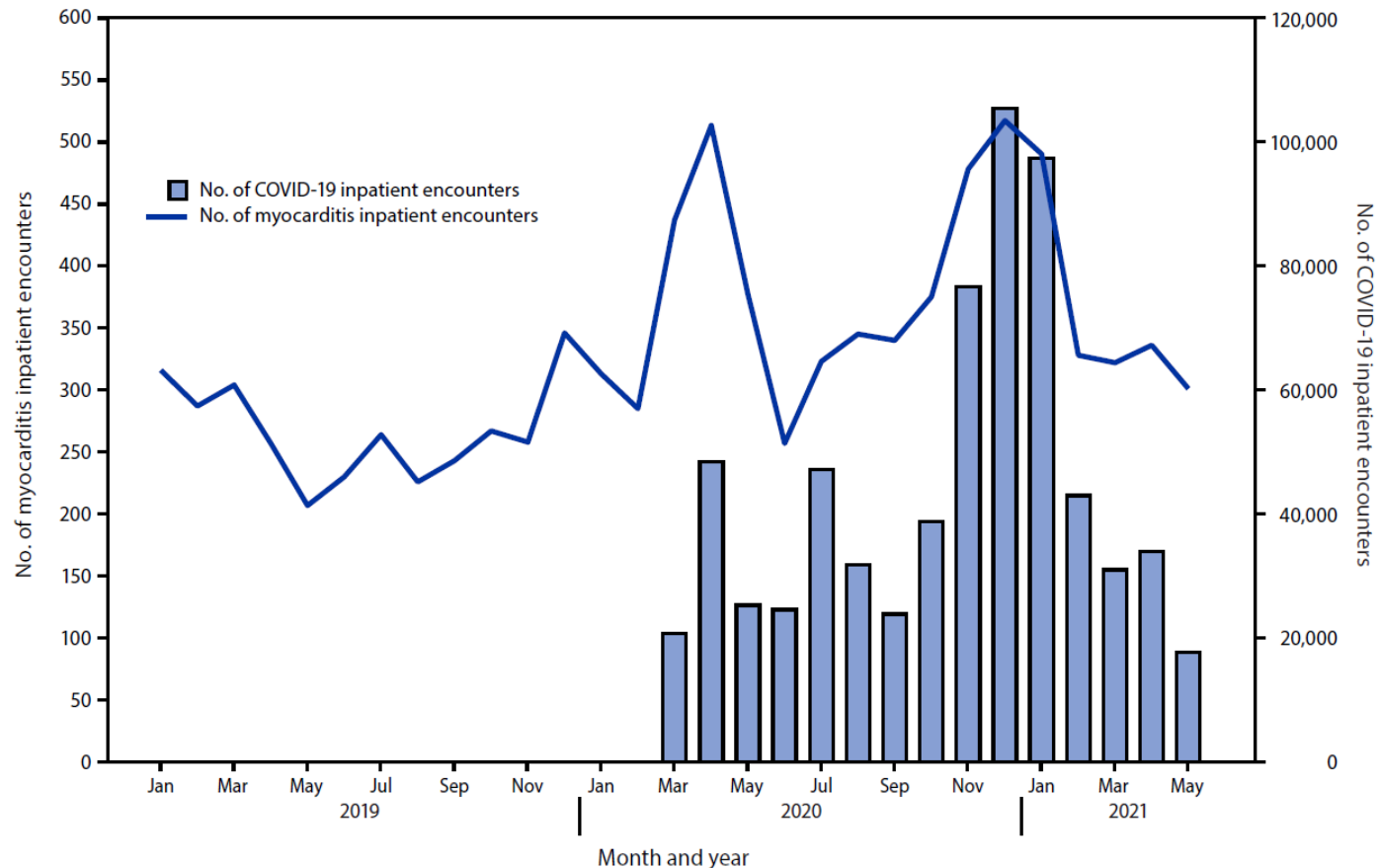
FIGURE 1. Classroom layout and seating chart for 24 students in index patient's class, by SARS-CoV-2 testing date, result or status, and symptoms — Marin County, California, May–June 2021



- 24 students exposed to a symptomatic, unvaccinated teacher.
- 27 total cases identified, including index patient
 - 12 of 24 students in classroom exposed tested positive
 - Overall attack rate of 50%
 - Attack rate of 80% in first 2 rows
 - Attack rate of 28% in 3 back rows
 - Additional 6 cases in a separate grade
 - Additional 8 parent and sibling cases linked
- 24 cases were unvaccinated
- 3 cases were fully vaccinated
- All 18 available specimens identified the Delta variant

Association Between COVID-19 and Myocarditis Using Hospital-Based Administrative Data- United States, March 2020-January 2021

FIGURE 1. Number of myocarditis and COVID-19 inpatient encounters, by month* — Premier Healthcare Database Special COVID-19 Release, United States, January 2019–May 2021



* Data from recent months might be incomplete.

Patients with COVID-19 infection have 15.7 times the risk for myocarditis compared to those without COVID-19 infection

- Higher among older (≥ 50 years) age groups
- Higher among younger (< 16 years) age groups
 - Some myocarditis diagnoses may represent cases of multisystem inflammatory syndrome (MIS) in children
- Higher among males than females
- Persons with COVID-19 vaccination were excluded from the analysis to avoid bias from vaccine-induced myocarditis
- Conclusion: The benefits of COVID-19 vaccination outweigh the risks for contracting myocarditis after vaccination.

Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant – National Healthcare Safety Network, March 1-August 1, 2021

TABLE. Effectiveness of full vaccination* with Pfizer-BioNTech or Moderna vaccines in preventing SARS-CoV-2 infection among nursing home residents, by period of B.1.617.2 (Delta) variant circulation — National Healthcare Safety Network, March 1–August 1, 2021

Vaccine type/Period†	Aggregate weekly count of residents	No. of cases	Vaccine effectiveness, % (95% CI)		p-value**
			Unadjusted§	Adjusted¶	
Any mRNA vaccine					
Period 1: pre-Delta	936,123	466	74.3 (69.5–78.4)	74.7 (70.0–78.8)	Ref
Period 2: intermediate	1,859,929	440	65.8 (58.5–71.9)	67.5 (60.1–73.5)	0.06
Period 3: Delta	5,011,746	2,999	52.8 (48.8–56.5)	53.1 (49.1–56.7)	<0.001
Pfizer-BioNTech					
Period 1: pre-Delta	679,288	348	74.7 (69.5–79.0)	74.2 (68.9–78.7)	Ref
Period 2: intermediate	1,246,078	316	63.5 (54.9–70.5)	66.5 (58.3–73.1)	0.07
Period 3: Delta	3,248,732	1,939	52.2 (47.7–56.3)	52.4 (48.0–56.4)	<0.001
Moderna					
Period 1: pre-Delta	256,835	118	72.6 (66.1–77.8)	74.7 (66.2–81.1)	Ref
Period 2: intermediate	613,851	124	73.2 (66.8–78.3)	70.4 (60.1–78.0)	0.45
Period 3: Delta	1,763,014	1,060	48.4 (42.3–53.8)	50.6 (45.0–55.7)	<0.001
Unvaccinated					
Period 1: pre-Delta	217,534	447	Ref		NA
Period 2: intermediate	360,051	269			
Period 3: Delta	953,861	1,397			

Abbreviations: CI = confidence interval; NA = not applicable; Ref = referent group.

* Fully vaccinated cases were defined as infections in residents who received the second of 2 doses of either Pfizer-BioNTech or Moderna vaccines ≥14 days before SARS-CoV-2–positive specimen collection.

† Periods for analysis were stratified as follows: period 1 = pre-Delta (March 1–May 9, 2021); period 2 = intermediate (May 10–June 20, 2021); period 3 = Delta (June 21–August 1, 2021).

§ Results from a generalized linear mixed effects model with random effects for facility and zero-inflated Poisson distribution; vaccine effectiveness was estimated as 1 minus the rate ratio multiplied by 100, with rate ratio comparing rates among fully vaccinated to those among unvaccinated persons. Results for “other” category, which included those who received a single dose of Janssen (Johnson & Johnson) or mRNA vaccine, or those residents who received unspecified vaccines are not presented because this group combines the different categories and estimates will not be meaningful.

¶ Results from the same model controlling for calendar week of reporting of case counts.

** p-values for comparison of adjusted vaccine effectiveness estimates in period 2 and period 3 with estimates in period 1. The difference in estimates among periods was evaluated by adding an interaction between periods and vaccine status in the model.

Adjusted effectiveness against infection for any mRNA vaccine:

- Pre-Delta period (March 1st to May 9th, 2021) 74.7%
- Intermediate period (May 10th to June 20th, 2021) 67.5%
- Delta period (June 21st to August 1st, 2021) 53.1%

Nursing home residents are at higher risk of infection with SARS-CoV-2

- May have a less robust response to vaccines
- Multiple COVID-19 prevention strategies needed
 - Infection control
 - Testing
 - Vaccination of staff, residents, and visitors of the facility.

Selected CDC Updates

Available at: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Covid-19 Vaccines for Moderately to Severely Immunocompromised:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

Travel Recommendations by Destination: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

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SOUTH DAKOTA DEPARTMENT OF HEALTH

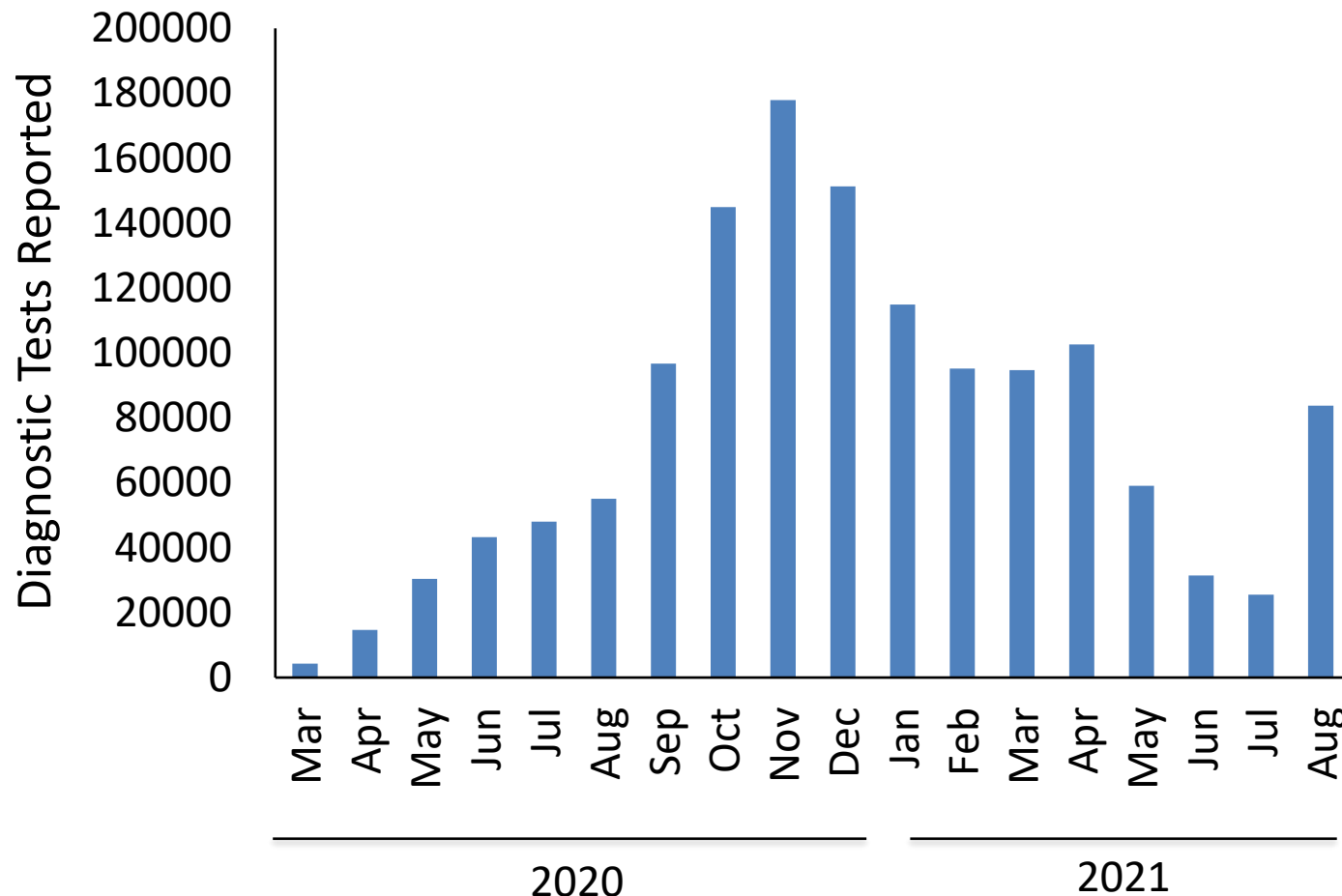
Laboratory Guidance

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SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 Tests Reported to SDDOH by Month



COVID-19 Testing and Supply Chain Updates:

- ✓ Demand for testing is increasing rapidly
- ✓ Some testing supplies are now on allocation
- ✓ Some testing supplies are back-ordered
- ✓ Shipping delays are more common

Recommendations:

- ✓ Diversify testing opportunities
- ✓ Diversify vendors
- ✓ Order supplies early and often

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Testing Resources Available through SDDOH

- Specimen collection supplies
 - VTM
 - Nasal and/or nasopharyngeal swabs
- Packaging and shipping supplies
- Saliva test kits through Vault Health/Rutgers Laboratory
- Antigen test kits
 - BinaxNOW antigen tests
 - Quidel QuickVue At-HOME OTC COVID-19 tests
- State public health laboratory testing support:
 - Diagnostic testing
 - Sentinel testing
 - Variant sequencing
- Reference laboratory testing support:
 - LabCorp: LTC, congregate living facilities, etc
 - National Jewish Health: IHS and Tribal Partners



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SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to stock Abbott BinaxNOW COVID-19 Antigen test cards.
- For questions about BinaxNOW availability, please contact the following:
 - Long-term Care: Denise.Broadbent@state.sd.us
 - Healthcare: Laurie.Gregg@state.sd.us
 - K-12 Schools: Joe.Moran@state.sd.us
 - Higher Education: Laurie.Gregg@state.sd.us
 - Childcare Providers: Laura.Nordbye@state.sd.us
- SDDOH continues to accept requests for BinaxNOW antigen cards
 - Joan.Adam@state.sd.us
 - Tim.Southern@state.sd.us
- Inquiries for BinaxNOW resources can also be directed to:
 - Dorothy.Ahten@abbott.com



Abbott



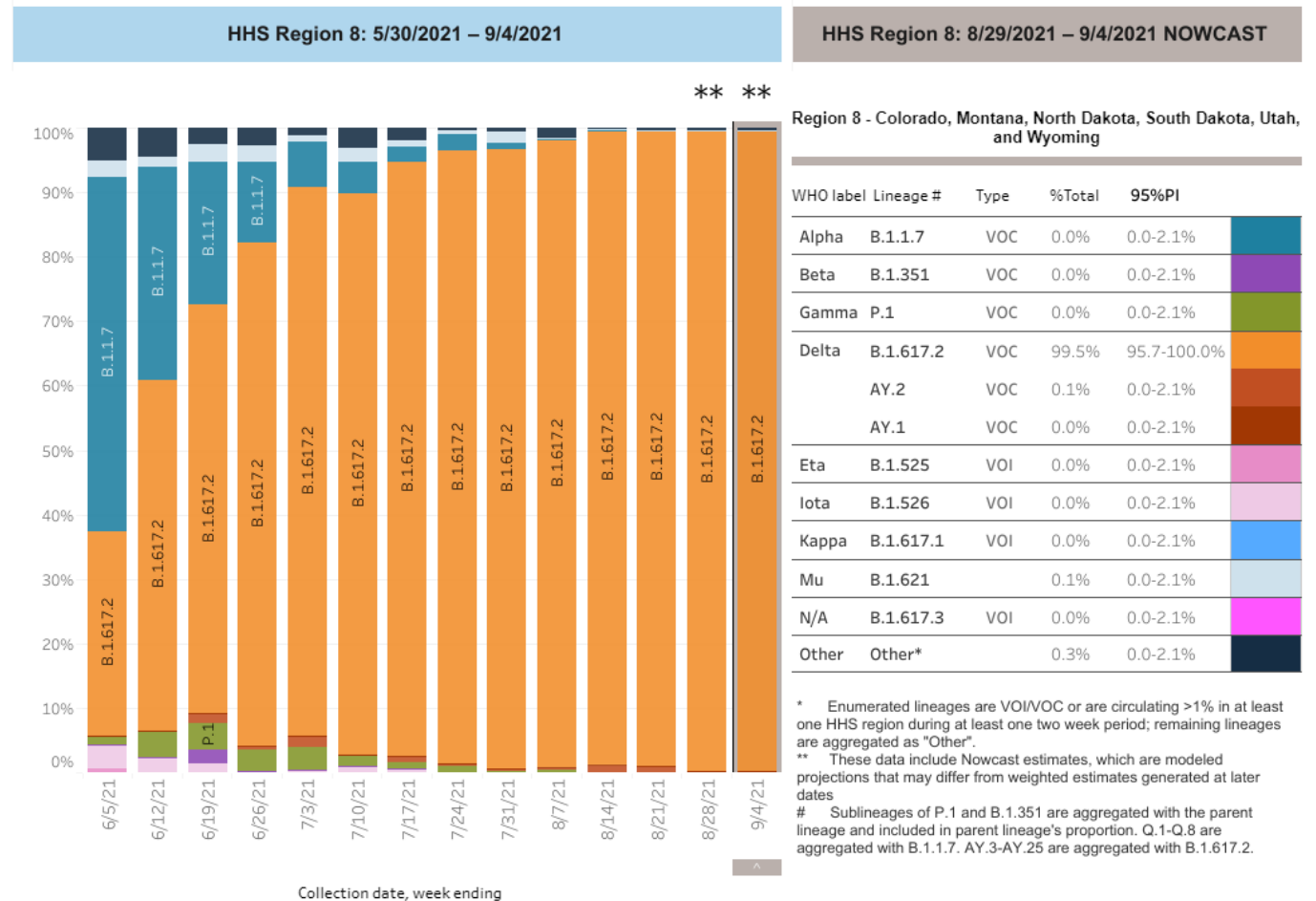
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SOUTH DAKOTA DEPARTMENT OF HEALTH

SDPHL SARS-CoV-2 Sequencing

- Delta variant continues to be the dominant SARS-CoV-2 variant in the United States and South Dakota.
- SDDOH has implemented a diversified sequencing program supported by SDPHL, MNPHL, and CDC.
- SDDOH is placing instrumentation to support additional sequencing in laboratories across South Dakota and is working with academic partners to increase sequencing capability.



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SOUTH DAKOTA DEPARTMENT OF HEALTH

SDPHL SARS-CoV-2 Sequencing: Specimen Requests

- With increased testing, laboratories are identifying more cases of COVID-19.
- The SDPHL monthly sequencing goal is 300 specimens.
- SDPHL asks that laboratories send the following SARS-CoV-2-positive specimens each week:
 - Rural clinics, FQHCs, etc: **first five (5)**
 - Indian Health Services and tribal clinics: **first ten (10)**
 - Critical access hospital laboratories: **first ten (10)**
 - Higher-education partners: **first ten (10)**
 - Large hospital laboratory partners: **first twenty-five (25)**
 - Reference laboratory partners: **first twenty-five (25)**
- Nasal or nasopharyngeal swab specimens should be submitted in viral transport medium, sterile saline or sterile PBS within 48 hours of collection.

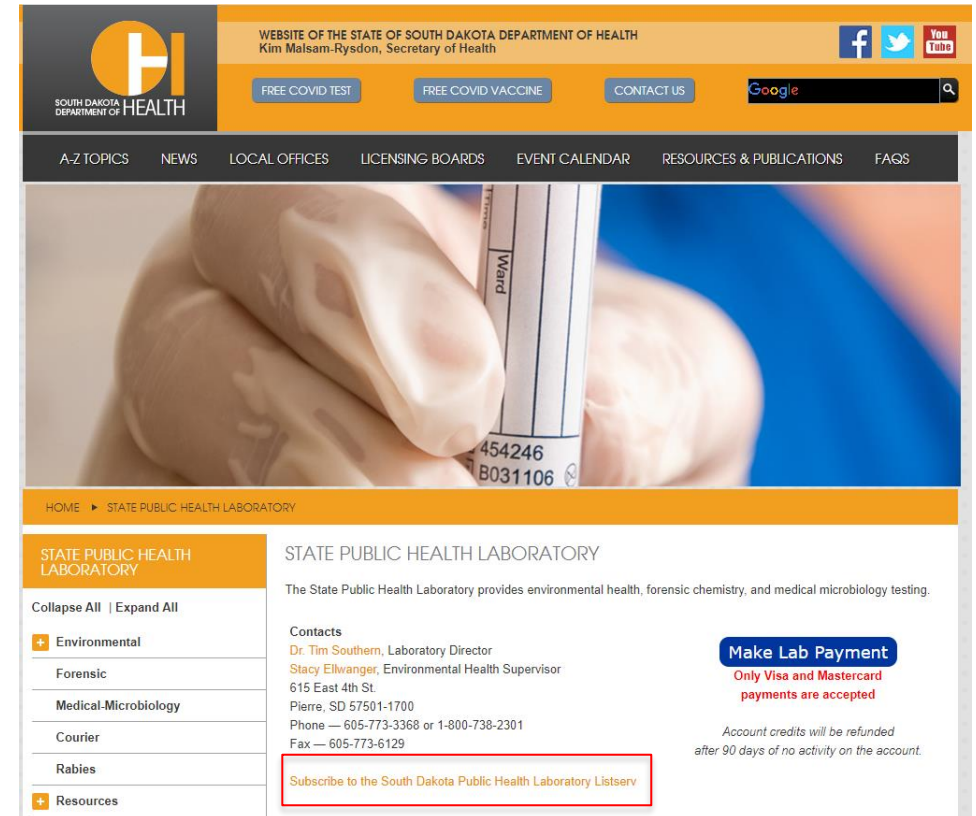
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SOUTH DAKOTA DEPARTMENT OF HEALTH

SDPHL Laboratory Listserv

- SDPHL will use the Laboratory Listserv (SDLABLIST) extensively in the coming months.
- SDPHL will communicate several opportunities including:
 - South Dakota Clinical Laboratory Enhancement Program (SD-CLEP) ****September 2021****
 - Workforce development ****December 2021****
- You can join the [SDLABLIST](#) anytime!



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Long Term Care

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Disease Impact & Vaccine Status in LTC – United States

as of 09.02.2021. Data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.

By the numbers

83.6%

National Percent of Vaccinated Residents per Facility

61.8%

National Percent of Vaccinated Staff per Facility

675,807

Total Resident COVID-19 Confirmed Cases

134,463

Total Resident COVID-19 Deaths

615,516

Total Staff COVID-19 Confirmed Cases

2,013

Total Staff COVID-19 Deaths

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Long Term Care in South Dakota

*Trending of Disease in Nursing
Homes and Assisted Living
Centers*

- 906 Deaths in LTC residents
- 44% of deaths among people with COVID-19

Week	Resident Cases	Staff Cases	Number of Facilities	Nursing Homes	Assisted Living Centers	Facility Cases in Staff Only
05/03/2021	21	32	23	20	3	15
05/10/2021	16	29	18	18	0	14
05/17/2021	1	16	13	11	2	12
05/24/2021	2	10	9	8	1	7
05/31/2021	3	6	6	6	0	3
06/07/2021	0	2	2	2	0	2
06/14/2021	1	1	2	2	0	1
06/21/2021	2	0	2	1	1	0
06/28/2021	1	2	3	1	2	2
07/05/2021	0	4	4	3	1	4
07/12/2021	0	2	2	2	0	2
07/19/2021	7	3	2	2	0	1
07/26/2021	14	5	4	4	0	2
08/02/2021	16	15	10	8	2	7
08/09/2021	26	23	15	11	4	9
08/16/2021	25	31	23	15	8	16
08/23/2021	39	45	31	21	10	21
08/30/2021	70	70	38	25	13	25
09/06/2021	83	89	39	27	12	20

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Long Term Care in South Dakota

Providers must continue to follow the Core Principles of Infection Prevention.

- ☀ *Screening (active)*
- ☀ *Hand hygiene*
- ☀ *Face coverings*
- ☀ *Instructional signage and education*
- ☀ *Cleaning and disinfecting*
- ☀ *Appropriate PPE*
- ☀ *Cohorting residents*
- ☀ *Appropriate testing*

CMS Memos

- [QSO-21-19-NH](#) (5.11.21) - Vaccination
- [QSO-20-38-NH](#) (revised 4.27.21) - Testing
- [QSO-20-39-NH](#) (revised 4.27.21) - Visitation

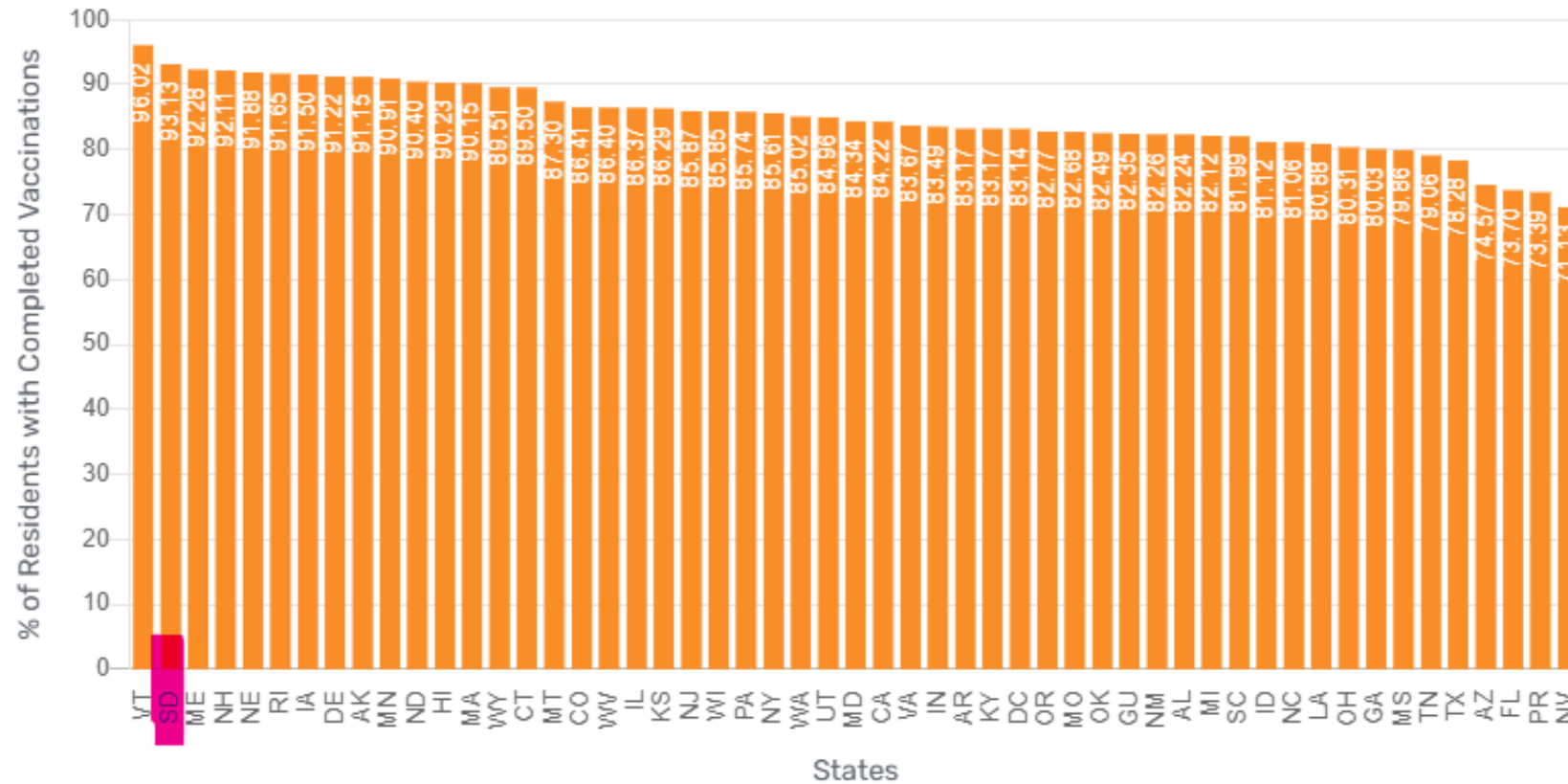
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SOUTH DAKOTA DEPARTMENT OF HEALTH

Percent of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



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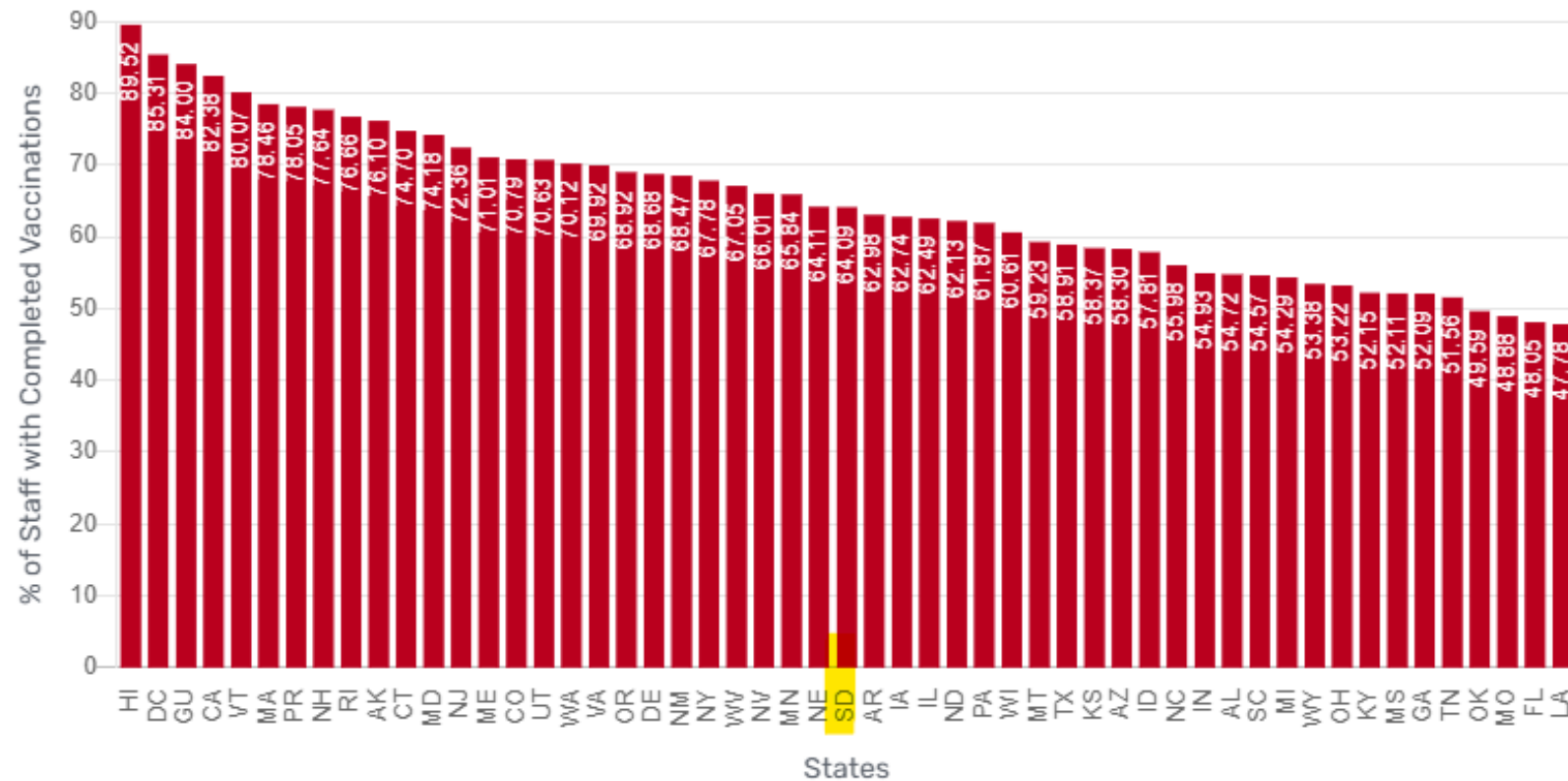


SOUTH DAKOTA DEPARTMENT OF HEALTH

Choose to get vaccinated. Protect yourself, your family, and our residents.

Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.



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SOUTH DAKOTA DEPARTMENT OF HEALTH

BinaxNOW Testing Kits

To order Sentinel Collection kits from the SDPHL

- Email SDPHLOrderForm@state.sd.us

To start/stop receiving Sentinel Collection kits

- Email Lori.Konst@state.sd.us

To Order Abbott BinaxNow from the Department of Health

- Email COVIDResourceRequests@state.sd.us

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Survey of LTC Community

The South Dakota Department of Health (SDDOH), South Dakota Health Care Association (SDHCA) and South Dakota Association of Healthcare Organizations (SDAHO) are conducting a survey for long-term care facilities about their need and ability to store N-95 respirators in their facilities.

In the coming months SD DOH will be attempting to secure, purchase, and distribute N-95 respirators to long-term care and assisted living facilities across the state.

*To ensure that this program is effective and timely, we are surveying facilities regarding storage and use of N-95 respirators. **This survey is merely for the DOH to gather information about need and storage capacity.** Once need is better understood, the DOH will be able to purchase and distribute accordingly as this project unfolds. Each facility should only complete the survey once.*

Thank you for taking the time to review the information and provide feedback.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Vaccination Update

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

Total Doses
Administered*

760,504

Manufacturer	# of Doses
	0
Janssen	26,971
Moderna	312,096
Pfizer	421,437

Total Persons Administered a
Vaccine*

409,787

Doses	# of Recipients
Janssen - Series Complete	26,971
Moderna - 1 dose	11,475
Moderna - Series Complete	150,295
Pfizer - 1 dose	20,999
Pfizer - Series Complete	200,201

Percent of State
Population with at least
1 Dose**

63%

Doses	% of Pop.
1 dose	62.61%
Series Complete	56.92%

*Based on 2019 Census Estimate for those
aged 12+ years.*

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

12 + POPULATION

At Least One Dose (%) **68.13%**

At Least One Dose **502,890**

Fully Vaccinated (%) **59.48%**

Fully Vaccinated **439,041**

Population **738,101**

18+ POPULATION

At Least One Dose (%) **70.54%**

At Least One Dose **470,898**

Fully Vaccinated (%) **62.47%**

Fully Vaccinated **417,039**

Population **667,558**

65+ POPULATION

At Least One Dose (%) **94.07%**

At Least One Dose **142,860**

Fully Vaccinated (%) **87.70%**

Fully Vaccinated **133,184**

Population **151,871**

TOTAL POPULATION

At Least One Dose (%) **56.85%**

At Least One Dose **502,937**

Fully Vaccinated (%) **49.63%**

Fully Vaccinated **439,053**

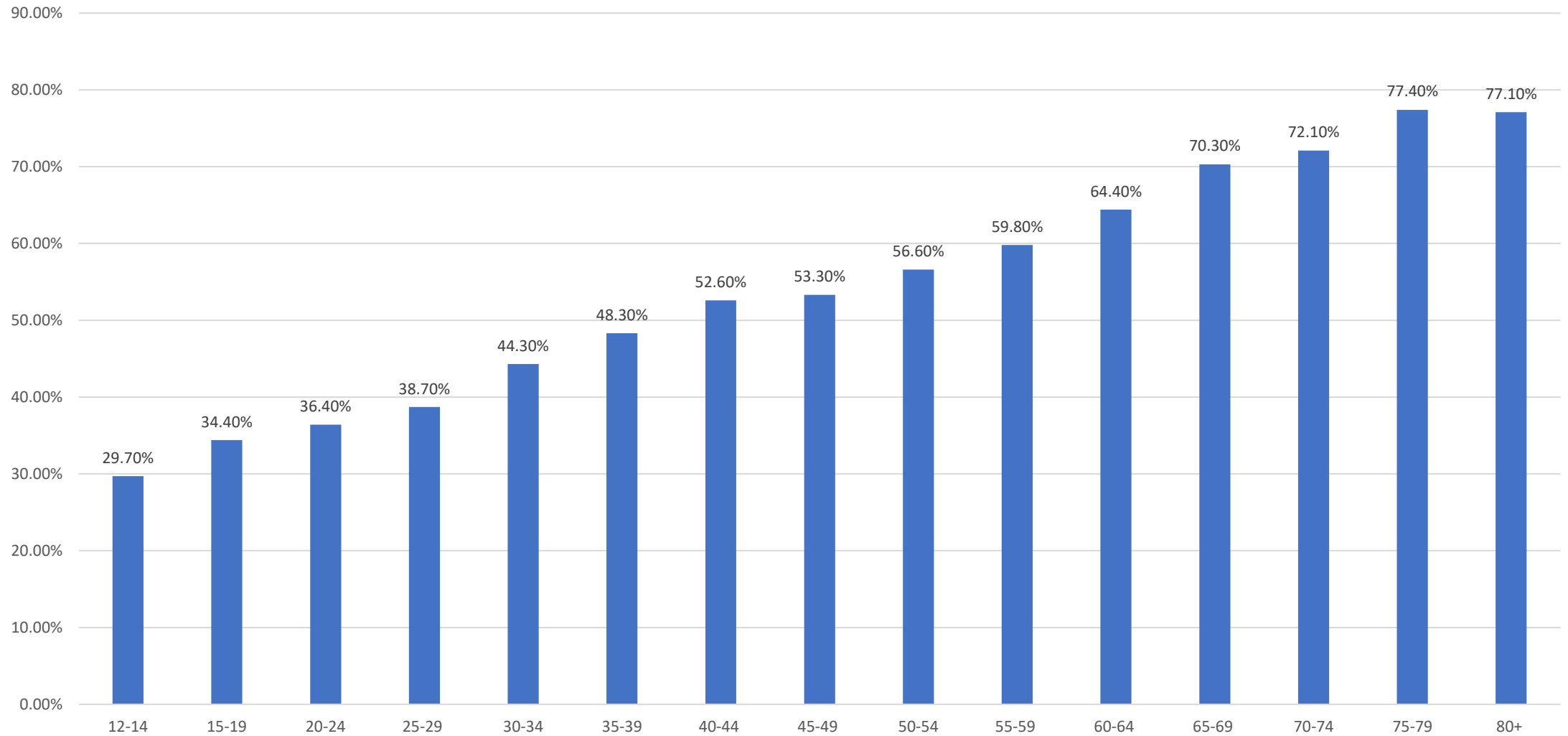
Population **884,659**

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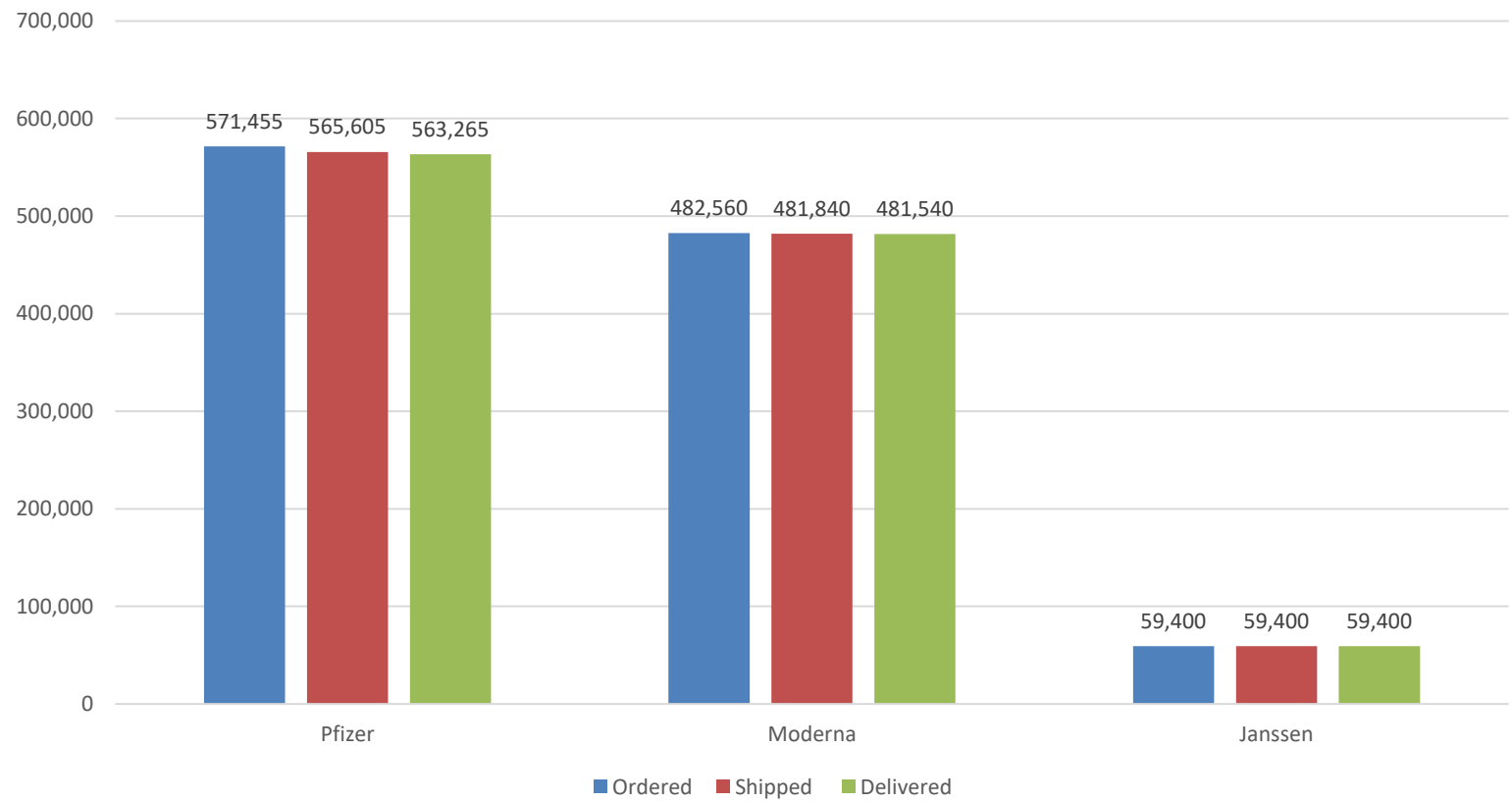
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COVID Vaccine coverage by age as of 09/07/2021



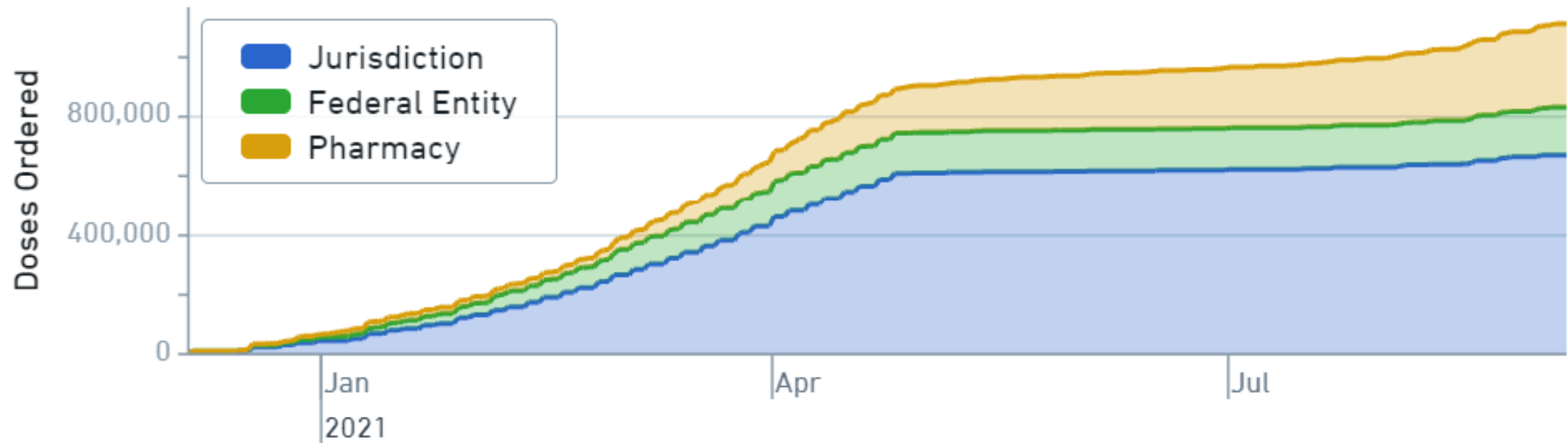
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SD DOSES Ordered All Partners



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SD DOSES Ordered All Partners



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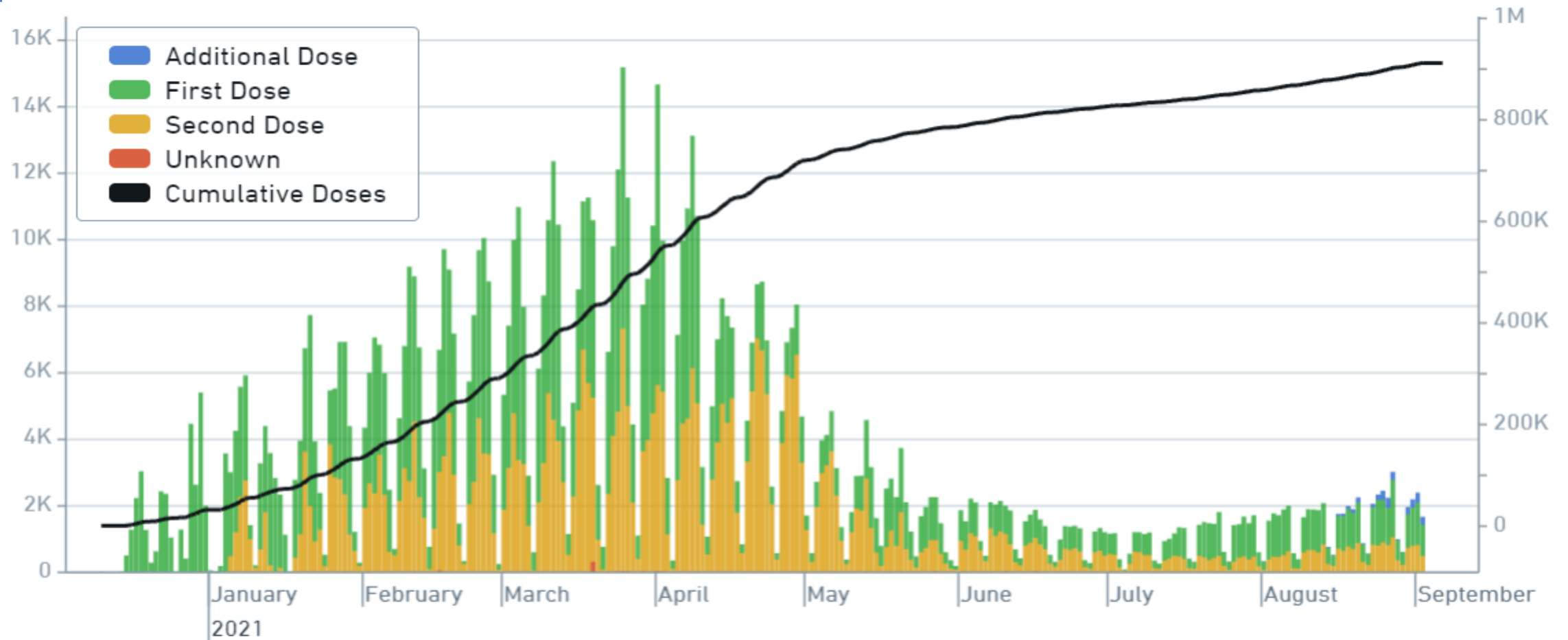
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SD DOSES Ordered All Partners

1,113,415	1,106,845	1,104,205	672,080	672,080	672,080
Doses Ordered - Total	Doses Shipped - Total	Doses Delivered - Total	Doses Ordered - Jurisdiction	Doses Shipped - Jurisdiction	Doses Delivered - Jurisdiction
Ordered by Pharmacy			Ordered by Federal Entity		
280,400	276,590	276,290	160,935	158,175	155,835
Doses Ordered - Pharmacy	Doses Shipped - Pharmacy	Doses Delivered - Pharmacy	Doses Ordered - Federal Entity	Doses Shipped - Federal Entity	Doses Delivered - Federal Entity

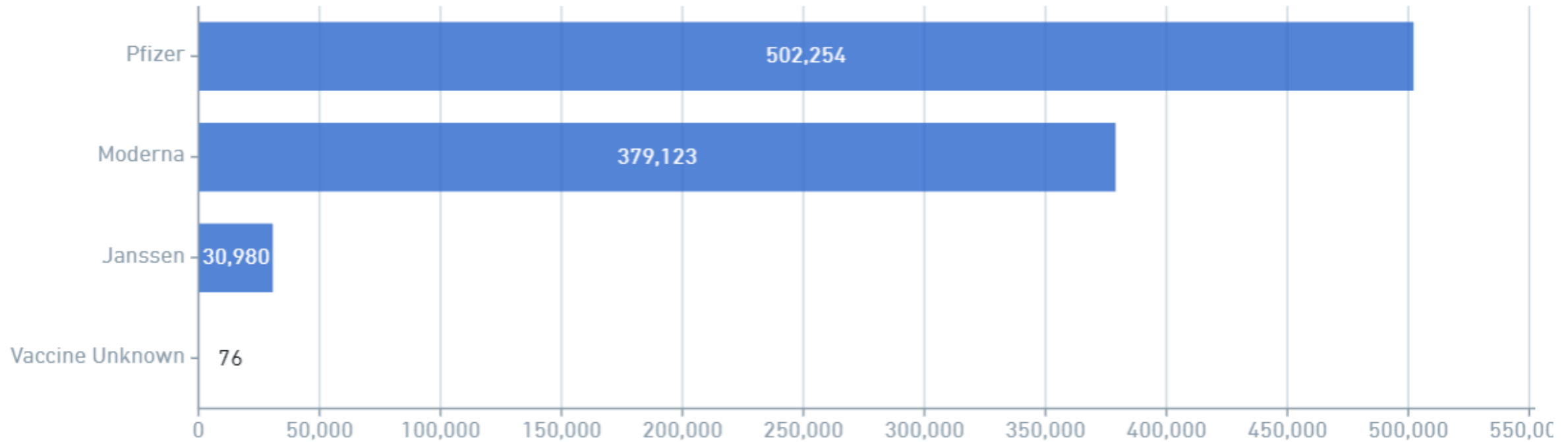
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Doses administered over time



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Doses Administered by Vaccine



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Coadministration of COVID-19 and Influenza Vaccine

You may administer COVID-19 and influenza vaccines without regard to timing (both live, attenuated and non-live influenza vaccines). This includes administration of COVID-19 and influenza vaccines on the same day, as well as coadministration at any time interval.

With influenza season approaching, there may be compelling logistical advantages to offering patients COVID-19 and influenza vaccines on the same day, and you may encourage patients to receive these on the same day. There are no safety concerns for coadministration.

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Coadministration of COVID-19 and Influenza Vaccine

When deciding whether to coadminister another vaccine(s) with COVID-19 vaccine, consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient's risk of vaccine-preventable disease
- The reactogenicity profile of the vaccines
- The likelihood of avoiding a missed opportunity to vaccinate

Best practices for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (i.e., adjuvanted influenza vaccines) in different limbs, if possible.

Third Dose/Booster Dose

Currently Moderately and Severely immunosuppressed are recommended to get a 3rd dose of mRNA vaccine

No current recommendation for Janssen Booster

Anticipation is that there will be a mRNA booster recommended for all patients 8 months after the 2nd dose. FDA and ACIP have yet to vote on this

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Infection Prevention

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Infection Control Guidance for Healthcare Facilities: Review

*Last updated June 3, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

Core IPC practices remain in place:

- Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19
- Implement Universal Source Control Measures
- Encourage Physical Distancing
- Have protocols in place for treating COVID + patients and PUI
- Robust Hand Hygiene practices



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PPE Use and Supply

*Last updated July 16, 2020



- Goal to be in conventional capacity use as much as possible: **“one and done”** to avoid cross contamination.
- PPE that is used as transmission-based control (TBP) in COVID units (isolation or quarantine) should NEVER be extended use into non-COVID areas.
- **Source control** (extended mask use for staff in non-COVID areas) in response to community transmission rates: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> is used in your non-COVID areas.

PPE FAQ Guide: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Considerations for Covering N95s to Extend Use - <https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination: Review

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

*Last updated April 27, 2021

Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents:

*Fully vaccinated HCP with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

*Fully vaccinated inpatients and residents in healthcare settings should continue to [quarantine](#) following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended [Transmission-Based Precautions](#).

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Reporting COVID Test Results and Outbreaks in Healthcare Facilities (Long-Term Care and Assisted Living Facilities): A Review

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graph TD; A[Reporting COVID Test Results and Outbreaks in Healthcare Facilities (Long-Term Care and Assisted Living Facilities): A Review] --> B[Individual COVID Test: BinaxNOW/POC Testing]; A --> C[NHSN Reporting]; A --> D[Facility Outbreak]; B <--> C;
```

Individual COVID Test: BinaxNOW/POC Testing

*You are acting as the “lab” and must report the results (+/-) to the state. (Additional reporting information on the next slide)

*Must have a current CLIA certificate to utilize and perform these tests.

If you are sending viral PCR tests to a laboratory- they report these individual test results to the state on your behalf. This is why the lab requisition form is so important for them!

NHSN Reporting

*If your facility reports individual test results to NHSN, these test results are shared with the SD DOH.

*If you have questions regarding NHSN, contact your [Great Plains QIN network](#).

Facility Outbreak

*When one or more cases of COVID is identified in a resident or staff member-SD DOH needs to be notified that your facility is in outbreak mode. Reporting is usually done through [DOH Outbreak reporting site](#). However, this is time consuming for facilities. That is why we have facilities do daily touch base emails/calls with Narcy, Elaine or Jana (dept. specific) instead.

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BinaxNOW and other antigen point-of-care testing platforms:

- **Report all test results (positive or negative) to the state. You can do this in several ways:**
 - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
 - Flat file (CSV) – Secure email
 - Disease reporting website – sd.gov/diseasereport
 - Fax – 605.773.5509
- Facilities need a CLIA certificate of waiver to perform in-house antigen testing.
- Contact Denise Broadbent: denise.broadbent@state.sd.us with ant CLIA certificate questions.

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Learn About Infection Control



Project Firstline is committed to creating resources that help frontline healthcare workers understand and confidently apply the infection control principles and protocols necessary to protect themselves, their families, and their community.

*On demand videos and curriculum for different topics.

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

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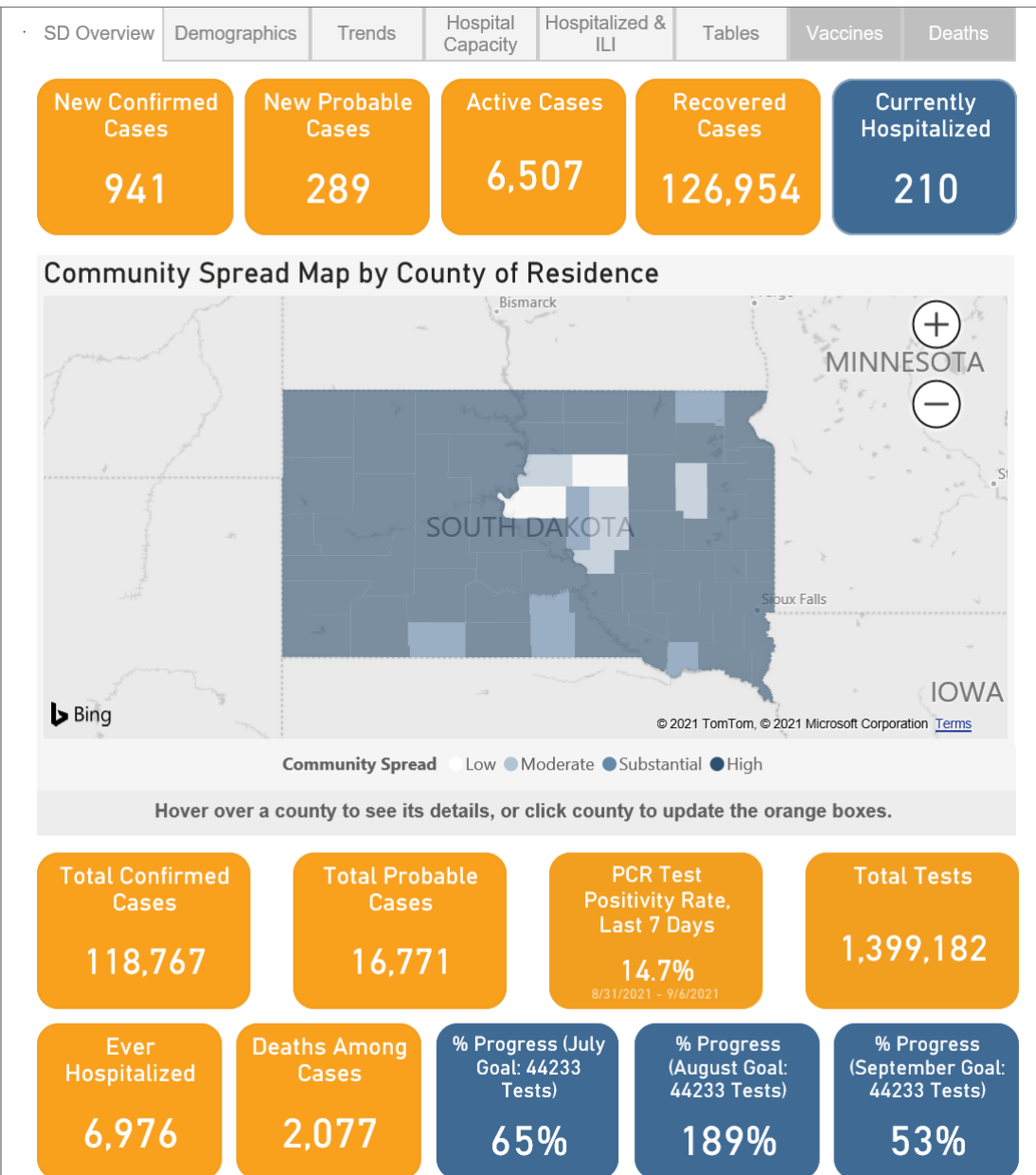
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Community Mitigation

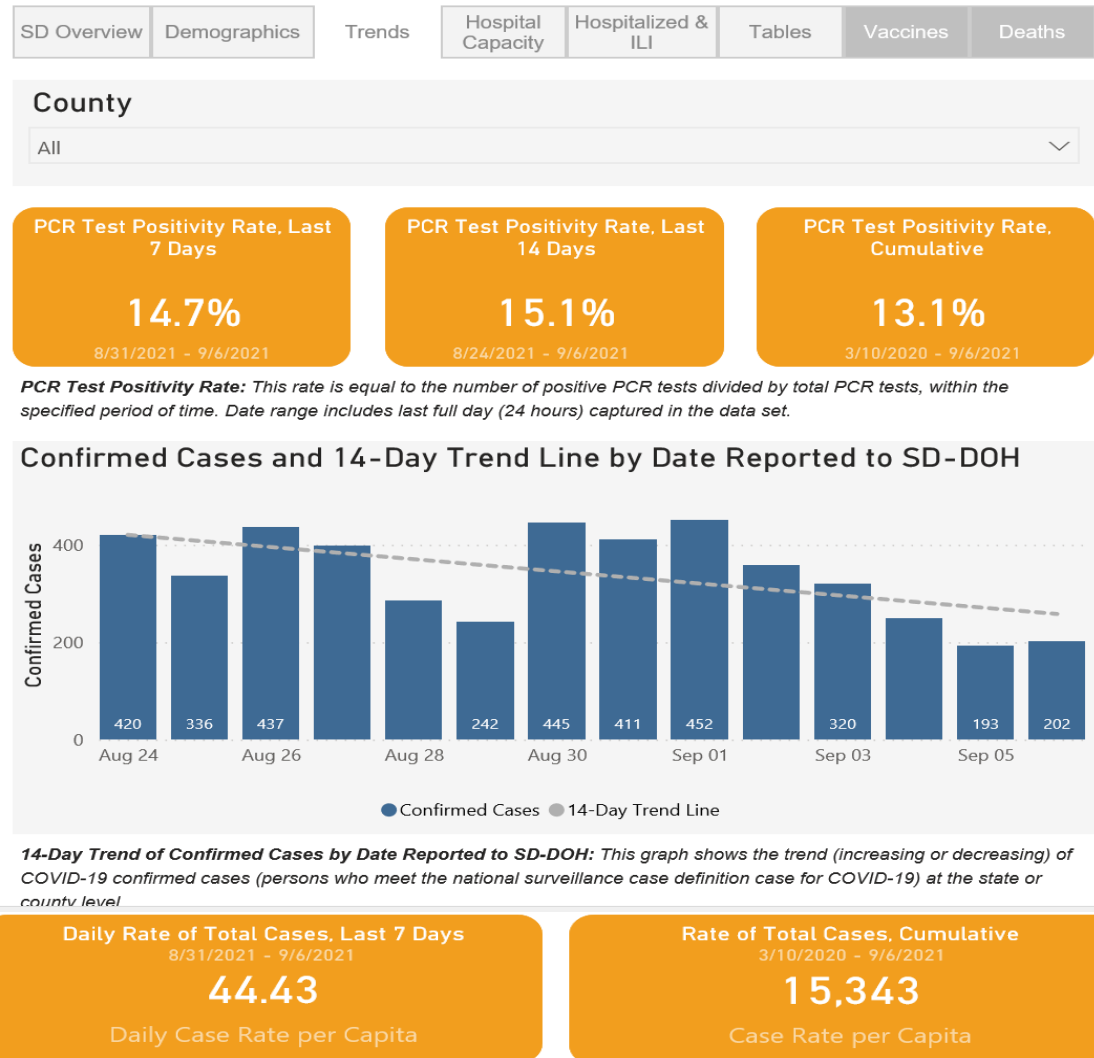
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Dashboard



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Supply Chain Management

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PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,
- Faxed to **605.773.5942**, or
- Called in to **605.773.3048** to ensure prioritization and coordination of requests.
- Do not duplicate your request by using all three means of communication.
- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.

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On-going Communication

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Helpful sources of information:

covid.sd.gov

coronavirus.gov

- **SD COVID-19 Help Line: 800-997-2880**

**SOUTH DAKOTA
COVID-19 INFORMATION LINE**
Questions about COVID-19? We're here to help.
PLEASE CALL **1-800-997-2880**



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Communications

- SD-HAN: sdhan.sd.gov
- [Epi Listserv](#)
- [Lab Listserv](#)
- [HAI Listserv](#)
- [OLC Listserv](#)

Visit **covid.sd.gov** to subscribe

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COVID-19 INFORMATION LINE
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Questions?

Follow-up after the webinar

COVID Helpline: 800-997-2880

Epidemiology: 605-773-3737

Laboratory: 605-773-3368

COVID.sd.gov

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